

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Massachusetts  
(State)

Case number (if known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

Official Form 205

## Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7  
 Chapter 11

**Part 2: Identify the Debtor**

2. Debtor's name

ATW Line Painting, LLC

3. Other names you know the debtor has used in the last 8 years

ATW Line Painting & Construction, LLC

ATW Line Painting LLC

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

Unknown

EIN \_\_\_\_\_

5. Debtor's address

Principal place of business

2150 Cedar Street

Number Street

Dighton

City

MA

State

02715

ZIP Code

Bristol

County

Mailing address, if different

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

**6. Debtor's website (URL)**

**7. Type of debtor**

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other type of debtor. Specify: \_\_\_\_\_

**8. Type of debtor's business**

*Check one:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the types of business listed.  
 Unknown type of business.

**9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?**

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ Date filed \_\_\_\_\_ MM / DD / YYYY Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ Date filed \_\_\_\_\_ MM / DD / YYYY Case number, if known \_\_\_\_\_

**Part 3: Report About the Case**

**10. Venue**

*Check one:*

Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

**11. Allegations**

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

*At least one box must be checked:*

The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

**12. Has there been a transfer of any claim against the debtor by or to any petitioner?**

No

Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

ATW Line Painting, LLC

Name

Case number (if known) \_\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Massachusetts Laborers' Health and Welfare Fund	Unpaid benefit contributions	\$ 42,071.20
	Massachusetts Laborers' Annuity Fund	Unpaid benefit contributions	\$ 33,976.22
	Massachusetts Laborers' Pension Fund	Unpaid benefit contributions	\$ 32,274.00
Total of petitioners' claims			\$ 124,556.84

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**
**Name and mailing address of petitioner**

Massachusetts Laborers' Health and Welfare Fund

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023

MM / DD / YYYY




Signature of petitioner or representative, including representative's title

**Attorneys**

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

33 Harrison Avenue, 7th Floor

Number Street

Boston

MA

02111

City

State

ZIP Code

Contact phone (617) 603-1428 Email [sgillin@segalroitman.com](mailto:sgillin@segalroitman.com)

Bar number 690769

State MA



Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

**Name and mailing address of petitioner**

Massachusetts Laborers' Annuity Fund

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

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**x**

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

Massachusetts Laborers' Pension Fund

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023

MM / DD / YYYY



**x**

Signature of petitioner or representative, including representative's title

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

33 Harrison Avenue, 7th Floor

Number Street

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Email sgillin@segalroitman.com

Bar number 690769

State MA



Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

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Email sgillin@segalroitman.com

Bar number 690769

State MA



Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor ATW Line Painting, LLC Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	New England Laborers' Training Trust Fund	Unpaid benefit contributions	\$ 3,416.20
	Massachusetts Laborers' Legal Services Fund	Unpaid benefit contributions	\$ 912.40
	New England Laborers' Health and Safety Fund	Unpaid contributions	\$ 684.30
Total of petitioners' claims			\$ 124,556.84

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

New England Laborers' Training Trust Fund

Name \_\_\_\_\_

37 East Street

Number Street \_\_\_\_\_

Hopkinton

MA

01748

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name \_\_\_\_\_

1400 District Avenue

Number Street \_\_\_\_\_

Burlington

MA

01803

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023

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✗

Signature of petitioner or representative, including representative's title

**Attorneys**

Sasha N. Gillin

Printed name \_\_\_\_\_

Segal Roitman, LLP

Firm name, if any \_\_\_\_\_

33 Harrison Avenue, 7th Floor

Number Street \_\_\_\_\_

Boston

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02111

City \_\_\_\_\_

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Contact phone (617) 603-1428 Email [sgillin@segalroitman.com](mailto:sgillin@segalroitman.com)

Bar number 690769

State MA



Signature of attorney

9/28/2023

Date signed

MM / DD / YYYY

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

**Name and mailing address of petitioner**

Massachusetts Laborers' Legal Services Fund

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

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01803

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I declare under penalty of perjury that the foregoing is true and correct.

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MM / DD / YYYY



✗

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

New England Laborers' Health and Safety Fund

Name

410 S Main Street

Number Street

Providence

RI

02903

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

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Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

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Bar number 690769

State MA



Signature of attorney

9/28/2023

MM / DD / YYYY

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Bar number 690769

State MA



Signature of attorney

9/28/2023

MM / DD / YYYY

Debtor ATW Line Painting, LLC Case number (if known) \_\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	New England Laborers' Labor-Management Cooperation Trust	Unpaid contributions	\$ 684.30
	Massachusetts Construction Advancement Program	Unpaid contributions	\$ 456.20
	Massachusetts Laborers' Unified Trust	Unpaid contributions	\$ 2,281.00
			Total of petitioners' claims \$ 124,556.84

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

<b>Petitioners or Petitioners' Representative</b>	<b>Attorneys</b>
<b>Name and mailing address of petitioner</b>	<b>Sasha N. Gillin</b>
New England Laborers' Labor-Management Cooperation Trust	Printed name
Name 226 S. Main Street	Segal Roitman, LLP
Number Street	Firm name, if any
Providence RI 02903	33 Harrison Avenue, 7th Floor
City State ZIP Code	Number Street
<b>Name and mailing address of petitioner's representative, if any</b>	Boston MA 02111
Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds	City State ZIP Code
Name 1400 District Avenue	Contact phone (617) 603-1428 Email <a href="mailto:sgillin@segalroitman.com">sgillin@segalroitman.com</a>
Number Street	Bar number 690769
Burlington MA 01803	State MA
City State ZIP Code	
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on <u>09/29/2023</u> MM / DD / YYYY	Signature of attorney
	Date signed <u>9/28/2023</u> MM / DD / YYYY
<b>x</b> Signature of petitioner or representative, including representative's title	

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

**Name and mailing address of petitioner**

Massachusetts Construction Advancement Program

Name

1661 Worcester Road, Suite 403

Number Street

Framingham

MA

01701

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

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01803

City

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ZIP Code

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✗

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

Massachusetts Laborers' Unified Trust

Name

7 Laborers Way

Number Street

Hopkinton

MA

01748

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

State

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Signature of petitioner or representative, including representative's title

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

33 Harrison Avenue, 7th Floor

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Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
Massachusetts & Northern New England Laborers' District Council		Unpaid dues	\$ 7,481.68
Laborers' Political League		Unpaid contributions	\$ 319.34
			\$ _____
Total of petitioners' claims			\$ 124,556.84

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Attorneys**

**Name and mailing address of petitioner**

Massachusetts & Northern New England Laborers' District Council

Name

7 Laborers Way

Number Street

Hopkinton

MA

01748

City

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023

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✗

Signature of petitioner or representative, including representative's title

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

33 Harrison Avenue, 7th Floor

Number Street

Boston

MA

02111

City

Contact phone (617) 603-1428 Email sgillin@segalroitman.com

Bar number 690769

State MA



Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor

ATW Line Painting, LLC

Name

Case number (if known)

**Name and mailing address of petitioner**

**Laborers' Political League**

Name

905 16th Street, NW

Number Street

Washington

DC

20006

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

MA

01803

City

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ZIP Code

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Executed on 09/29/2023

MM / DD / YYYY



**X**

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

Name

Number Street

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

**X**

Signature of petitioner or representative, including representative's title

**Sasha N. Gillin**

Printed name

**Segal Roitman, LLP**

Firm name, if any

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Bar number 690769

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**X** Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Printed name

Firm name, if any

Number Street

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ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_



Signature of attorney

Date signed

MM / DD / YYYY